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U.S. Application No. 09/900,479 Title: Assisted Scratch Removal Filing Date: July 6, 2001

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Fax Transmittal Cover Sheet (1 page) Statement Under 37 CFR 3.73(b) (1 page) Revocation of Power of Attorney with New Power of Attorney and Change of

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STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Mikhali Trifonov, Olgs Sharonova, Krzysztof Zaklika							
Application No./Patent No.: 09/800,479 Filed/Issue Date: Jul 6, 2001 / NA							
Entitled: Assisted Scratch Removal							
Jaso Corporation incorporated 8 Corporation (Type of Assignee) (Type of Assignee, e.g., conperation, partnership, university, government agency, etc.)							
states that it is: 1. 2 the assignee of the entire right, title, and interest; or							
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is% in the patent application/patent identified above by virtue of either:							
A. [/] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012264 Frame 0681 , or for which a copy thereof is attached.							
OR							
B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:							
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[] Additional documents in the chain of title are listed on a supplemental sheet.							
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302,08]							
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.							
Date Jennifer Keeler Typed-or printed name							
(952) 294-2349							
Telephone number							
Secretary and Sorporate Counsel Title							

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or require a benefit by the public which is to the (and by the USPTO to process) an application. Confidentisity is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and sylentifing the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for neutring this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commisco, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. 86MD TO: Commiscioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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REVOCATION OF DOMESTIC OF

REVOCATION OF POWER OF	Application Number	09/900,479
ATTORNEY WITH	Filing Date	7/6/2001
NEW POWER OF ATTORNEY	First Named Inventor	Trifonov
AND	Ari Unit	
CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name	
	Alterney Docket Number	JASC007-USP

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR X I hereby appoint the practitioners associated with the Customer Number: 45346							
X Please change the correspondence address for the above-Identified application to:							
X The address associated with Customer Number: OR							
Firm or Individual	Firm or Individual Name						
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Address	•			T-1-1-			
City				State	Zip		
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lam the:							
Applic	ant/Invent	tor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73/b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Jeonifer Keeler, Secretary for Jasc Software, Inc.							
Signature Characterlan							
Date	4/12	+ 10+)		Teléphone	952-294-2349		
NOTE: Signatures of all the inventors or assigneed of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one alignature is required, add below.							
*Total offorms are submitted.							

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